

IDAHO ESCROW AGENCY

AUTHORIZATION TO EXAMINE TRUST ACCOUNTS

To: Idaho Department of Finance, Securities Bureau

For: _____
Escrow Agency Company Name

The undersigned, a principal officer or authorized signer of the above applicant/licensee, hereby certifies that such firm has established and maintains a trust account(s) at a bank authorized to conduct business in Idaho, and that each trust account held for this purpose is correctly identified below:

Trust Account No.: _____	Trust Account No.: _____
Financial Institution: _____	Financial Institution: _____
Street Address: _____	Street Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____

- The undersigned hereby authorizes the Director of the Idaho Department of Finance to examine the above described trust account(s).
- The undersigned further authorizes the above listed financial institution(s) to release the following information to the Director of the Idaho Department of Finance in the event any properly payable instrument is presented against an identified trust account containing insufficient funds, whether or not the instrument is honored:
 - a) The name of the financial institution
 - b) The identity of the escrow agent
 - c) The account number
 - d) Either the amount of the overdraft and the date created or the amount of the returned instrument and the date returned.
- The undersigned further authorizes the above listed financial institution(s) to release to the Director information relating to the trust account(s) listed above, such information to include all account records and information.
- The undersigned acknowledges responsibility to notify the Department of any change of financial institution.

signature of officer

date

print officer's name

title

IDAHO DEPARTMENT OF FINANCE
Securities Bureau
800 Park Blvd, Suite 200, Boise, ID 83712
Mail To: P.O. Box 83720, Boise ID 83720-0031
Phone: (208) 332-8004 Fax: (208) 332-8099

Last update 5/2014

FINANCIAL INSTITUTION VERIFICATION OF ACCOUNT AND DUTY TO NOTIFY

Account No.: _____

Account No.: _____

Date established: _____

Date established: _____

The undersigned bank or financial institution agrees to report to the Director of the Idaho Department of Finance the following events: 1) any properly payable instrument being presented against an identified trust account containing insufficient funds, whether or not the instrument is honored; or 2) the closure of any identified trust account. The undersigned agrees to notify the Director within five banking days of the event occurring.

Bank: _____
print name of financial institution

Verified by: _____
print bank representative's name

Verified by: _____
print bank representative's name

Signature: _____

Signature: _____

Title: _____

Title: _____

Date: _____

Date: _____

BANK SIGNATURE MUST BE NOTARIZED

Signed and sworn before me by: _____
print bank representative's name

On behalf of: _____
Name of bank or financial institution

this _____ day of _____ 20 _____

signature of Notary Public

Notary Public in and for the State of _____

County of _____

Date Commission Expires: _____

(Seal)

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Securities Bureau

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